



# Membership Application 2006-07

We invite you to join or rejoin NADT and add your voice to the drama therapy network.  
**A subscription of The Dramascope is included as a FREE Membership benefit.**

**MAILING ADDRESS (Please PRINT)**

PLEASE CHECK if mailing address is the same as billing address on credit card below.

Name:		Date:
Organization/School: (ONLY – if mail is to be delivered to your business address, OR if you are joining as an Organization)		<input type="checkbox"/> New Member <input type="checkbox"/> RENEWAL
Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State/Province	Zip + 4
Country:	Cell Phone	
Home Phone:	Work Phone:	Fax:
Email:	Website:	Birthdate:

Membership is contingent upon signing the NADT Code of Ethical Principles Acknowledgement Form (Page 2 of this application).  
 A subscription to Dramascope is included with your membership. The NADT Membership year is May 1st through April 30th.

<p><b>REGISTRY CATEGORIES</b></p> <p>Professional RDT / BCT or MT \$115 \$ _____</p> <p>Professional RDT ..... \$ 95 \$ _____</p> <p>NADT Membership is included FREE with registry fee.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>NOTE:</b> If you are an RDT and are 65+ if you plan to retain your credentials and continue to practice as an RDT or BCT, payment of registry fee is required.</p> </div>	<p><b>MEMBERSHIP CATEGORIES</b></p> <p>Member ..... \$ 55 \$ _____</p> <p>Allied Professional ..... \$ 55 \$ _____</p> <p><b>**Student Member</b> ..... \$ 35 \$ _____</p> <p><b>**Alternative Training Student</b> ..... \$ 35 \$ _____</p> <p><b>**Member 65+</b> ..... \$ 45 \$ _____</p> <p>Organizational/School ..... \$ 100 \$ _____</p>
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\*\*Membership levels denoted with asterisks MUST include PROOF OF STATUS: Students = copy of Student ID; Alternative Training Student = copy of learning contract; 65+ = copy of Driver's License or ID (first time applicants)

**Alternative Training Registration Fee** \$ 75 \$ \_\_\_\_\_

Note: Alternative Training Fee includes 1 yr student membership. Please send this application with a copy of your signed learning contract.

<p><b>CHAPTER MEMBERSHIP DUES</b> (Optional)</p> <p>RDTs = \$15/YR OTHERS = \$10</p> <p><b>Northern California Chapter</b> \$ _____</p> <p><b>TriState Chapter (NY, NJ, PA)</b> \$ _____</p> <p><b>New England Chapter</b> \$ _____</p>	<p><b>ADDITIONAL POSTAGE FEES:</b> (Add-On to membership)</p> <p><b>Canada &amp; Mexico</b> ..... \$ 10 \$ _____</p> <p><b>International (outside US)</b> ..... \$ 15 \$ _____</p> <p><i>NADT turns away no one based on economic hardship. If you have special needs or extenuating circumstances, please contact our office.</i></p>
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**PAYMENT METHOD:** *Please make checks payable to:* NADT **Please add up your selections and record here.**

**Check Enclosed** (U.S. Funds) Check # \_\_\_\_\_ **TOTAL AMOUNT: \$ \_\_\_\_\_ USD**

**NOTE: There is a \$25 fee for bounced checks.**

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

Name on Credit Card (Please Print): \_\_\_\_\_

**Billing Address** (Address that credit card is BILLED TO if different from above – must match the card # to be processed):

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mastercard  Visa X Authorized Signature on credit card (REQUIRED)

Send completed application, payment, signed NADT Code of Ethical Principles (page 2) and any required proof of status documentation to: **National Association for Drama Therapy** 15 Post Side Lane, Pittsford, NY 14534

OFFICE USE ONLY: AP:	SR/INV#:	Date:
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## NADT CODE OF ETHICAL PRINCIPLES

Ethical practices in drama therapy are concerned with resolving issues related to practices and responsibilities in treatment, supervision, and research. Such standards are especially difficult to apply in new fields in the helping professions, where there may not be public awareness of responsible professional behavior and practices. The following are intended to serve as guidelines, which can protect the public and maintain the highest standards of objectivity and competence of drama therapists.

### I. Principle of Responsibility

THE DRAMA THERAPIST

- a) Accepts responsibility for his/her actions, practicing in a conscientious manner in clinical work, supervision, teaching and/or research;
- b) Performs only those services for which she/he has been trained;
- c) Demonstrates integrity in fulfilling the requirements of the therapeutic contract, accepting responsibility for the consequences of his/her work;
- d) Performs all administrative duties in connection with his/her position as a drama therapist in a timely, complete, and trustworthy manner.

### II. Principle of Competence

THE DRAMA THERAPIST

- a) Confines himself/herself to offering services for which he/she has been trained and supervised;
- b) Accurately represents his/her competence, education, training and experience, and does not present information that is misleading or inaccurate;
- c) Is aware of the limitations of his/her training, techniques and skills, and does not utilize procedures for which he/she is untrained;
- d) Uses only initials to which she/he is legally entitled, for example: degree(s) from an accredited institution, registration or certification from professional organizations;
- e) Takes adequate steps, through supervision or personal psychotherapy, to prevent personal problems from interfering with the quality of service offered to others;
- f) Respects and gives appropriate credit to colleagues in citing their work, research or findings, in publications or presentations; does not misrepresent or misquote another's work;
- g) Keeps up with professional developments in the field, participating in continuing education activities;
- h) Makes no direct solicitation for clients and adheres to professional standards in publicizing activities;
- i) Takes appropriate steps to report unprofessional conduct.

### III. Principle of Confidentiality:

THE DRAMA THERAPIST

- a) Maintains confidentiality of information, whether obtained in the course of practice, supervision, teaching, or research;
- b) Obtains informed consent when releasing information that is specifically requested or appropriate;
- c) Maintains confidentiality when giving information about a client through publications or written or verbal presentations.

### IV. Principle of Moral and Legal Standards:

THE DRAMA THERAPIST

- a) Complies with moral, ethical and legal standards of behavior;
- b) Refuses to participate in activities that are illegal or inhumane, that result in discrimination or violates another's legal or civil rights;
- c) Respects regulations concerning the conduct of research with individuals.

### V. Principle of Teaching and Training Standards:

THE DRAMA THERAPIST

- a) Is knowledgeable regarding ethical aspects of the profession and makes students/supervisees aware of their responsibilities.
- b) Provides the proper training that meets the requirements for registration or other goals for which claims are made by the program.
- c) Ensures that there is a current and accurate description of program content, fee structures, course outlines and training goals and objectives that must be met for satisfactory completion of the program.
- d) Gives accurate and objective information while teaching or training.
- e) Does not teach techniques/procedures for which they have not been trained or requiring special training or expertise to individuals who lack the prerequisite training or expertise.
- f) Defines and maintains appropriate professional, social, and ethical boundaries with students/supervisees.
- g) Offers appropriate feedback to students/supervisees and evaluates their performance on relevant and established program requirements throughout training program.

**Membership in NADT is contingent upon signing this Code of Ethical Principles on an annual basis.  
This signed form is kept on file at the NADT office.**

### Acknowledgement:

I, \_\_\_\_\_, have read and understand the foregoing NADT Code of Ethical Principles and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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## NADT DIRECTORY INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_

PLEASE PRINT CLEARLY

Please complete the listing below for our annual directory. This information will be provided as a network resource for other NADT Members.

### SETTINGS:

Check all that apply

- Elementary School
- College/University
- Inpatient Hospital
- Day Treatment
- Recreational Programming
- Secondary School
- Post Graduate Institute
- Outpatient
- Group Home / Residential
- Consultant
- Prison or Correctional Facility
- Private Practice
- Other

### CLIENT POPULATIONS:

Check all that apply

- Abused/Neglected Children
- Affective Disorders
- Chronically Mentally Ill
- DT in Education
- Eating Disorders
- Post Graduate Institute
- Grief /Loss
- HIV/AIDS
- Homeless
- Inmates
- Lesbian/Gay/Bi/Trans
- Marriage/Family Therapy
- Other

- MR/DD
- Normal Neurotic
- Older Adults
- Personality Disorder
- Physically Disabled
- PTSD
- Refugee/Immigrants
- Spirituality Issues
- Substance Abuse
- Terminal (not AIDS)
- Veterans
- Youth at Risk

### AGE RANGE OF CLIENTS

Check all that apply

- Children
- Adolescents
- Adults
- Geriatric

### Are you an Alternative Training Student?

No /  Yes, Please write in the name of your BCT \_\_\_\_\_

### Are you a Student of one of the following schools?

NYU /  CIIS /  CONCORDIA